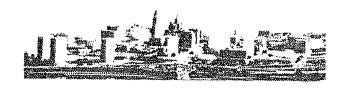
CITY OF HARTFORD

OFFICE OF HUMAN RELATIONS 550 Main Street, Hartford, CT 06103 860 543-8595 Fax 860 722-6486



REQUEST FOR RE-CERTIFICATION BY THE CITY OF HARTFORD AS A MINORITY OR WOMAN BUSINESS ENTERPRISE

NAME OF COMPANY: STREET ADDRESS: CITY/TOWN:	
TELEPHONE NUMBER: —	
Has there been any ownership in this company during the last t Yes No	change in the people and/or in their proportion of ownership wo years?
2. Has there been any change in of this company in the last two y Yes No	the positions held by persons as owners; officers, or directors rears?
3. Has the company changed its Yes No	address or location during the last two years?
, ,	at has affected the minority or woman ownership, control of in the company during the last two years?
PLEASE SUBMIT WITH THIS INCOME TAX RETURN FOR	FORM COPIES OF THE COMPANY'S FEDERAL THE LAST TWO (2) YEARS.
IF THIS COMPANY REQUIRE A COPY OF THE CURRENT I	ES A STATE LICENSE TO OPERATE, PLEASE SUBMIT LICENSE.
this request for re-certification a	derstanding that any misrepresentation or misstatements in nd/or in the original submittal for certification may, and can ication and in any contracts with the City of Hartford.
SIGNATURE:	NAME:
TITLE:	DATE: